IC 12-15-18

Chapter 18. Disproportionate Share Providers; Assessments

IC 12-15-18-1 Repealed

(Repealed by P.L.27-1992, SEC.30.)

IC 12-15-18-2

"Hospital" defined

- Sec. 2. (a) As used in this chapter, "hospital" has the meaning set forth in IC 16-18-2-179(b).
- (b) The term does not include a state institution or a private psychiatric institution.

As added by P.L.2-1992, SEC.9. Amended by P.L.2-1993, SEC.98.

IC 12-15-18-3

"Private psychiatric institution" defined

Sec. 3. As used in this chapter, "private psychiatric institution" means an acute care inpatient facility licensed under IC 12-25, for the treatment of individuals with mental illness.

As added by P.L.2-1992, SEC.9.

IC 12-15-18-3.5

"Trustees" defined

Sec. 3.5. As used in this chapter, "trustees" refers to the trustees of Indiana University.

As added by P.L.27-1992, SEC.15.

IC 12-15-18-4

Repealed

(Repealed by P.L.156-1995, SEC.9.)

IC 12-15-18-5

Repealed

(Repealed by P.L.126-1998, SEC.21.)

IC 12-15-18-5.1

Intergovernmental transfers for state fiscal years ending on or after June 30, 1998; coordination of transfers; transfers by municipal disproportionate share providers; certification by county

- Sec. 5.1. (a) For state fiscal years ending on or after June 30, 1998, the trustees and each municipal health and hospital corporation established under IC 16-22-8-6 are authorized to make intergovernmental transfers to the Medicaid indigent care trust fund in amounts to be determined jointly by the office and the trustees, and the office and each municipal health and hospital corporation.
- (b) The treasurer of state shall annually transfer from appropriations made for the division of mental health and addiction sufficient money to provide the state's share of payments under IC 12-15-16-6(c)(2).

- (c) The office shall coordinate the transfers from the trustees and each municipal health and hospital corporation established under IC 16-22-8-6 so that the aggregate intergovernmental transfers, when combined with federal matching funds:
 - (1) produce payments to each hospital licensed under IC 16-21 that qualifies as a disproportionate share provider under IC 12-15-16-1(a); and
 - (2) both individually and in the aggregate do not exceed limits prescribed by the federal Centers for Medicare and Medicaid Services.

The trustees and a municipal health and hospital corporation are not required to make intergovernmental transfers under this section. The trustees and a municipal health and hospital corporation may make additional transfers to the Medicaid indigent care trust fund to the extent necessary to make additional payments from the Medicaid indigent care trust fund apply to a prior federal fiscal year as provided in IC 12-15-19-1(b).

- (d) A municipal disproportionate share provider (as defined in IC 12-15-16-1) shall transfer to the Medicaid indigent care trust fund an amount determined jointly by the office and the municipal disproportionate share provider. A municipal disproportionate share provider is not required to make intergovernmental transfers under this section. A municipal disproportionate share provider may make additional transfers to the Medicaid indigent care trust fund to the extent necessary to make additional payments from the Medicaid indigent care trust fund apply to a prior federal fiscal year as provided in IC 12-15-19-1(b).
 - (e) A county making a payment under:
 - (1) IC 12-29-1-7(b) before January 1, 2004; or
 - (2) IC 12-29-2-20(c) after December 31, 2003;

or from other county sources to a community mental health center qualifying as a community mental health center disproportionate share provider shall certify that the payment represents expenditures that are eligible for federal financial participation under 42 U.S.C. 1396b(w)(6)(A) and 42 CFR 433.51. The office shall assist a county in making this certification.

As added by P.L.126-1998, SEC.10. Amended by P.L.113-2000, SEC.10; P.L.215-2001, SEC.44; P.L.66-2002, SEC.8; P.L.78-2004, SEC.9.

IC 12-15-18-6

Repealed

(Repealed by P.L.27-1992, SEC.30.)